| | | on Filing Document: : | | |
|---|-------------------------|--|--|-----------------------|
| You | r City, Sta | : te, Zip Code: ne Number: | | |
| Your Telephone Number: Attorney Bar Number (if applicable): Representing Self or Attorney for | | | | |
| Kep | resenting | | | |
| | | | OURT OF ARIZONA OPA COUNTY | |
| In the Matter of | | f | Case Number: PB | |
| | | | PETITION FOR APPROVAL C FINAL ACCOUNTING AND/OR |)F |
| A Deceased Person | | | ☐ FEE STATEMENT | |
| | e of Arizo nty of Ma | na) ricopa) ss. | | |
| THI | E PETI | TIONER STATES UNDER OA | TH AS FOLLOWS: | |
| INST | RUCTION | NS: For approval of accounting, put a c | heck mark in boxes 1, 2 and comple | te number 1: |
| 1. | | This is the final accounting for this estate, and this accounting covers the period from (date) to (date). | | |
| 2. | | | | |
| INST | RUCTION | NS: For approvals of fee statements, p | ut a check mark in box number 3: | |
| 3. | | Attached is a copy of the Fee Statement the Fee Statement.) | for which I request approval too. (If yo | ou check this, attach |
| | | | SIGNED | |
| | | Subscribed and sworn to before me this Petitioner. | | |
| | | | NOTARY PUBLIC: | |
| | | My Commission Expires: | | |